

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <u>09/624732</u>	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	cancel						51						
2		(1)					52						
3		(1)					53						
4		(1)					54						
5		(1)					55						
6		(1)					56						
7		(1)					57						
8		(1)					58						
9	cancel						59						
10		(1)					60						
11		(1)					61						
12	cancel						62						
13		(1)					63						
14		(1)					64						
15		(1)					65						
16		(1)					66						
17		(1)					67						
18		(1)					68						
19		(1)					69						
20		(1)					70						
21		(1)					71						
22		(1)					72						
23		(1)					73						
24		(1)					74						
25		(1)					75						
26		(1)					76						
27		(1)					77						
28		(1)					78						
29		(1)					79						
30	1						80						
31							81						
32							82						
33							83						
34							84						
35	1						85						
36							86						
37							87						
38	1						88						
39							89						
40	1						90						
41							91						
42	1						92						
43							93						
44	1						94						
45							95						
46							96						
47	1						97						
48							98						
49							99						
50							100						
TOTAL IND.	7						TOTAL IND.						
TOTAL DEP.	37						TOTAL DEP.						
TOTAL CLAIMS	44						TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

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